



USBC-MD B FILED MAIL
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UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND

In re

BARBARA A. KELLY.,

Debtor.

Chapter 13

Case No. 23-12700

Not Jointly Administered

**RESPONSE TO OBJECTION OF CLAIM NUMBER 1
FILED BY FLORIDA POWER & LIGHT COMPANY**

PLEASE TAKE NOTICE that, Florida Power & Light. Submitted claim #1 on 05/04/23 in the above referenced Chapter 13 case, a copy of which claim is attached hereto as Exhibit A and the balance remains unpaid. The amount owed \$878.73 is an amount covered under the chapter 13 filing because services were rendered to the customer prior to the filing date 04/19/23.

Dated: 08/10/23

By: _____

Isabel Morales
Bankruptcy Administrator
Florida Power & Light Co.

Fill in this information to identify the case:

Debtor 1 Barbara Kelly
Debtor 2 _____
(Spouse, if filing) _____
United States Bankruptcy Court District of Maryland
Case number: 23-12700

FILED

U.S. Bankruptcy Court
District of Maryland

5/4/2023

Mark A. Neal, Clerk

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<p>FPL</p> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor</p>	
2. Has this claim been acquired from someone else?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
3. Where should notices and payments to the creditor be sent?	<p>Where should notices to the creditor be sent?</p> <p>FPL</p> <p>Name</p> <p>General Mail Facility Miami, FL 33188-0001</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name</p>
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name
Contact phone	305-529-6106	Contact phone
Contact email	April.Price@fpl.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):	_____	
4. Does this claim amend one already filed?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____</p>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	

MM / DD / YYYY

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	5220
7. How much is the claim?	\$ 878.73	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. Unpaid electric bills	
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i> </div> <div style="text-align: right;">Amount entitled to priority</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies \$ _____ </div> <div style="margin-top: 20px; font-size: small;"> * Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment. </div>
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Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.	<p>Check the appropriate box:</p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I am the creditor. <input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. </div> <p style="font-size: x-small;">I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p style="font-size: x-small;">I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p style="font-size: x-small;">I declare under penalty of perjury that the foregoing is true and correct.</p> <div style="margin-top: 10px;"> Executed on date <u>5/4/2023</u> <div style="text-align: center; font-size: x-small;">MM / DD / YYYY</div> </div> <div style="margin-top: 20px;"> <u>/s/ April Price</u> Signature </div> <p>Print the name of the person who is completing and signing this claim:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name</td> <td colspan="3"><u>April Price</u></td> </tr> <tr> <td></td> <td style="width: 20%; font-size: x-small;">First name</td> <td style="width: 20%; font-size: x-small;">Middle name</td> <td style="width: 20%; font-size: x-small;">Last name</td> </tr> <tr> <td>Title</td> <td colspan="3"><u>Bankruptcy Administrator</u></td> </tr> <tr> <td>Company</td> <td colspan="3"><u>Florida Power & Light</u></td> </tr> <tr> <td rowspan="4">Address</td> <td colspan="3" style="font-size: x-small;">Identify the corporate servicer as the company if the authorized agent is a servicer</td> </tr> <tr> <td colspan="3"><u>4200 W FLAGLER ST</u></td> </tr> <tr> <td colspan="3"><u>RRD/LFO-BKY</u></td> </tr> <tr> <td colspan="3" style="font-size: x-small;">Number Street</td> </tr> <tr> <td></td> <td colspan="3"><u>CORAL GABLES, FL 33134</u></td> </tr> <tr> <td></td> <td colspan="3" style="font-size: x-small;">City State ZIP Code</td> </tr> <tr> <td>Contact phone</td> <td><u>305-529-6106</u></td> <td>Email</td> <td><u>April.Price@fpl.com</u></td> </tr> </table>	Name	<u>April Price</u>				First name	Middle name	Last name	Title	<u>Bankruptcy Administrator</u>			Company	<u>Florida Power & Light</u>			Address	Identify the corporate servicer as the company if the authorized agent is a servicer			<u>4200 W FLAGLER ST</u>			<u>RRD/LFO-BKY</u>			Number Street				<u>CORAL GABLES, FL 33134</u>				City State ZIP Code			Contact phone	<u>305-529-6106</u>	Email	<u>April.Price@fpl.com</u>
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FINAL BILL

For: Apr 13, 2023 to Apr 19, 2023 (6 days)

Statement Date: Apr 28, 2023

Account Number:

Service Address:

700 GULF SHORE BLVD N
NAPLES, FL 34102

Hello Barbara A Kelly/bk,
Here's what you owe for this billing period.

CURRENT BILL

\$878.73

TOTAL AMOUNT YOU OWE

May 19, 2023

NEW CHARGES DUE BY

KEEP IN MIND

- Did you forget? \$339.10 of this bill is past due. If payment has been made, we thank you and apologize for this reminder.
- This billing period is less than a month; bill factors are available upon request.

BILL SUMMARY

Amount of your last bill	2,018.93
Additional Activity	-1,228.00
Balance before new charges	790.93
Total new charges	87.80
Total amount you owe	\$878.73

FINAL BILL

(See page 2 for bill details.)

The Florida Public Service Commission approved new FPL rates to balance fuel and hurricane costs effective April 1, 2023 and an additional fuel charge reduction effective May 1, 2023. Learn more at [FPL.com/Rates](https://www.fpl.com/Rates).

Customer Service: (239) 435-0077
Outside Florida: 1-800-226-3545

Report Power Outages: 1-800-4OUTAGE (468-8243)
Hearing/Speech Impaired: 711 (Relay Service)



/ 27 79093 5409834246622773787800000

BARBARA A KELLY/BK
C/O FPL RRD/LFO BKY
4200 W FLAGLER ST
CORAL GABLES FL 33134-1606

The amount enclosed includes
the following donation:

FPL Care To Share: _____

Make check payable to FPL
in U.S. funds and mail along with
this coupon to:

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

Visit [FPL.com/PayBill](https://www.fpl.com/PayBill)
for ways to pay.

ACCOUNT NUMBER

\$878.73

TOTAL AMOUNT YOU OWE

May 19, 2023

NEW CHARGES DUE BY

\$

AMOUNT ENCLOSED



Customer Name:
Barbara A Kelly/bk

Account Number:

FPL.com Page 2

E001

BILL DETAILS

Amount of your last bill	2,018.93
Additional activity	
Credit	-1,228.00
Balance before new charges	\$790.93

New Charges

Rate: RS-1 RESIDENTIAL SERVICE

Electric service amount	75.90
Gross receipts tax (State tax)	1.95
Franchise fee (Reqd local fee)	5.25
Utility tax (Local tax)	4.64
Taxes and charges	11.84
Regulatory fee (State fee)	0.06
Total new charges	\$87.80

Total amount you owe \$878.73

FINAL BILL

METER SUMMARY

Meter reading - Meter KEL6300.

Usage Type	Current	-	Previous	=	Usage
kWh used	47792		47228		564

ENERGY USAGE COMPARISON

	This Month	Last Month
Service to	Apr 19, 2023	Apr 13, 2023
kWh Used	564	2629
Service days	6	30
kWh/day	94	87
Amount	\$87.80	\$446.83

KEEP IN MIND

- Taxes, fees, and charges on your bill are determined and required by your local and state government to be used at their discretion.
- The fuel charge represents the cost of fuel used to generate electricity. It is a direct pass-through to customers. FPL does not profit from fuel, although higher costs do result in higher state and local taxes and fees.

Download the app

Get instant, secure access to outage and billing info from your mobile device.

[FPL.com/MobileApp](https://fpl.com/MobileApp)

Stay safe when planting

Careful avoidance of power lines is extremely important during yard work.

[FPL.com/Trees](https://fpl.com/Trees)

When you pay by check, you authorize FPL to process your payment electronically or as a draft. If your payment is processed electronically, your checking account may be debited on the same day we receive the check and your check will not be returned with your checking account statement. FPL does not agree to any restrictions, conditions or endorsements placed on any bill statement or payments such as check, money order or other forms of payment. We will process the payment as if these restrictions or conditions do not exist.

